

Kinship Issues

1. Placement-- long time lines, ICPC delays, old waiverable criminal history; CSWs not or timely processing waivers. Old DCFS history; no longer a family issue, or the presumed abused child had disorders or made false allegations. PLEASE NOTE: DCFS PIPs are getting placement of their kin's children. The Parents In Partnership Program is a great program. When parents are chosen to participate and a family member's child needs placement the PIPs are getting waivers and placement of their kin. If they can be approved having had substantiated DCFS cases why does DCFS not do the same for Kin?

Recently we are getting cases where babies are being separated from siblings and placed in homes cleared for adoption even when foster parents with the other kids state they will take the baby. Placement with kin is being stalled.

If a CSW does move slowly to help the kin family resolve these issues the children are in foster care bonding with foster caregivers; visitation of kin is not allowed or minimal during this process. However, with the current litigation against DCFS staff we are hearing over and over that CSWs are being told not to do anything unless it is court ordered.

2. Housing; no up-front money available to kin to facilitate placement.

3. Cases not handled consistently.

A. CSW changes. The new CSW can't understand why the kin didn't have placement, didn't get visits, sees no issues with kin.

B. New CSW states they are too new to the case to make decisions which lengthens moving forward with placement, visits; CSW states they must ask SCSW about everything, never getting back to kin. If kin contacts the chain of command there is disguised retribution.

4. Placement denied due to kin "qualifications"

A. Parents are seeking control or angry with kin and don't want their children placed with kin. Child is not placed with kin to the detriment of the child. This approach is not child centered and does not respect the child's bond with extended family.

B. Kin has any unfounded or inconclusive reports in a case file although child was never removed from them or court wasn't filed or didn't substantiate charges.

C. CSW "thinks" kin will not follow case rules with a parent. Kin are not properly informed of the rules. CSW tells kin "you can't help the parent in any way"

5. Kin who are told they cannot qualify for placement of their family's child

A. Kin not given letter of denial so kin are not informed they can appeal what is being held against them.

B. When kin seek out Kinship CBOs for assistance, the chain of command is resistant to working with kin's advocate.

6. The need for DCFS to recognize and work with Kinship Family Advocates (KFMs)

A. DCFS and all Kinship CBOs (not just RFA contracted CBOs) need to work together to create a protocol whereby KFAs may respectfully bring cases to DCFS attention and work with a teaming approach that fits within the Department's Core Practice Model.

One part of the protocol could be to create an Advocate Consent Form to be signed by Kin.

7. Case Review Process

- A. DCFS allow Kin CBO's (not just RFA contracted CBO's) to submit and participate in a no shame, no blame model for case review so we may all learn and form best practice. As each SPA is unique this could be done by SPA or in each DCFS office.

8. Child & Family Team Meetings (CFTs)

CFTs are a very good approach to teaming with a family. However, we offer the following for consideration:

- A. Kin are not being considered a part of the team unless parents want them to be. While the focus is rightly to be on the parents, their responsibility and reunification, resource families (kin and foster) should be recognized and encouraged to be a respected part of the team by inviting them to CFTs. RFs are caring for the parent's children and can be a resource and encouragement to the parents during reunification and if permanency is necessary kin may still safely interact with parents.
- B. Kin CBOs/ KFAs are not regularly a part of CFTs. PIPs may now participate in CFTs. KFAs should be allowed participation. It should be explained to the parents that we are all centering on their child's best interest and focusing on support for the parents, including their extended family. Many parents have "burned their bridges" with their families and CFTs are a perfect means to facilitate family healing so the family can support the parents during reunification and if necessary in permanency.
- C. Expand and reinforce the training of DCFS staff regarding CFTs. Many staff do not realize and some have stated that Kin are not part of the team and therefore kin are not allowed to request or participate in a CFT.

9. Pending changes to Resource Family Approval

- A. While the child is in emergency placement with kin, make provision for child care funding to start. Unlike RF (foster) caregivers, kin do not anticipate they will be caring for children and so they are not prepared to fund child care while they attend required training for approval or for child care if they work.
- B. RFA training curriculum
Kinship CBO's are concerned if Kinship issues will be adequately addressed in the new joint relative/NREFM and non-related resource family training, therefore, Kinship CBOs would like to be a part of the final determination of the curriculum content.
- C. What will be the role of Kinship CBOs/Advocacy Organizations if they are not one of the contracted RSS CBOs or if they are not subcontracted by the contracted CBO? Make provisions for the non contracted/subcontracted Kinship CBOs/Advocacy Organizations brochures/information to be included in the RFA in home Orientation. And for DCFS to continue to partner with all Kinship Organizations.

Respectfully Submitted, Sylvie de Toledo, GAP-Grandparents As Parents

Cheral Hymen, R.O.C.K-Raising Our Children's Kids

WEEKLY SUPPORT GROUP SCHEDULE: SPRING 2016

"Turn Your Passion into Action"

Bellflower

Facilitator: Laura Carson
Olive Crest
17800 Woodruff Avenue
Bellflower, CA 90706
Wednesday: 5:00pm-7:00pm
(818) 264-0880 x. 522

Chatsworth

Facilitator: Dee Meichelbock
Grandparents of Teenagers
St. Stephen Presbyterian Church
20121 Devonshire Street
Chatsworth, CA 91344
Thursday: 7:00pm-8:30pm
(818) 264-0880 x. 503

Edelman Children's Court

201 Centre Plaza Drive,
Monterey Park, CA 91754
Monday- Friday 8:30am-4:30pm
(626) 277-3016 Tyrone Cain

El Monte

Facilitator: Betty Lopez
Mulhall Family Center
10900 Mulhall Street
El Monte, CA 91731
Wednesday: 9:30am-11:30am
(818) 264-0880 x. 528

Inglewood

Facilitator: Ewanda Jackson
Roger Park
400 W. Beach Street
Inglewood, CA 90302
Mondays: 10:30am-12:30pm
(818) 264-0880 x. 506

Long Beach (Spanish)

Facilitator: Betty Lopez
Long Beach Family Service Center
1043 Pine Street
Long Beach, CA 90813
Mondays: 11:30am-1:30pm
(818) 264-0880 x. 508

Pacoima (Spanish)

Facilitator: Mirza Arroyo
Hillview Mental Health Center
12408 Van Nuys Blvd.
Pacoima, CA 91331
Tuesdays: 9:30am-11:30am
(818) 264-0880 x. 509

Panorama City

Facilitator: Sylvie De Toledo
Kaiser Permanente Hospital
13652 Cantara Street
Panorama City, CA 91402
Tuesdays: 9:30am-11:30am
(818) 789-1177

Pasadena

Facilitator: Janet White
Hathaway-Sycamores
851 N. Oakland Avenue
Pasadena, CA 91104
Wednesdays: 10:30am-12:30pm
(818) 264-0880 x. 511

Pomona

Facilitator: Betty Lopez
Lincoln Avenue Church
1511 Lincoln Avenue Church
Pomona, CA 91767
Thursdays: 10:30am-12:30pm
(818) 264-0880 x.512

Santa Clarita

Facilitator: Mirza Arroyo
Kaiser Permanente Hospital
27107 Tournay Rd. Conf. Rm1
Santa Clarita, CA 91355
Mondays: 9:30am-11:30am
(818) 264-0880 x. 513

Santa Fe Springs/ Whittier

Facilitator: Betty Lopez
Spiritt Family Services
8000 Painter Avenue
Whittier, CA 90602
Tuesdays: 9:30am-11:30am
(818) 264-0880 x. 514

Tarzana

Facilitator: Anne Berman
Temple Judea
5429 Lindley Ave,
Tarzana, CA 91356
Thursdays: 9:30am-11:30am
(818) 264-0880 x. 527

Van Nuys

Facilitator: Joyce Fox
The Help Group
15339 Saticoy Street
Van Nuys, CA 91406
Mondays: 6:00pm-8:30pm
(818) 264-0880 x. 516

Woodland Hills

Facilitators: Joyce Fox &
Tom Bellows
Kaiser Permanente Hospital
5601 De Soto Avenue
Woodland Hills, CA 91365
Wednesdays: 9:30am-11:30am
(818) 264-0880 x. 526





A successful diversion from county and state programs

Caregiver programs save the government billions of dollars annually, and GAP has become the model for caregiver family programs all over the country. GAP results are measured by licensed social workers, doctors, school officials and group leaders who evaluate participant progress and program effectiveness. Statistics show that children raised by relative caregivers go to jail less frequently, have fewer teenage pregnancies, graduate from high school and college more frequently, and go on to become successful professionals in the community in much higher numbers than those raised in the foster care system.

GAP serves every sector of the community: seniors, at-risk children and teens, persons with disabilities, various ethnic communities, disadvantaged individuals, and the quiet, average struggling caregiver family that tends to fall through the cracks. Our typical caregiver is 56 years old and assumes responsibility for more than one child.

RESOURCES

BOOK

Our founder authored the book, "Grandparents as Parents: A Survival Guide for Raising a Second Family". This book has become a primary resource for caregivers and professionals. To order your copy, contact the GAP office.

TO DONATE

GAP exists solely on charitable gifts and foundation grants. If you would like to contribute money, time, or needed goods and services, please contact us at 818.264.0880 or visit our website at www.GrandparentsAsParents.org. GAP is a 501(c)(3) organization under the IRS code and is classified as a public charity.

SOME RESOURCE PARTNERS

Alliance for Children's Rights	Dept. of Children & Family Services
Area Agency on Aging	Dept. of Mental Health
Bet Tzedek Legal Services	Dept. of Probation
Boys and Girls Clubs	Friends Outside
Casey Family Programs	Kaiser Permanente
Child Welfare Initiative	LA Caregiver Resource Center
Children's Law Center	Legal Aid Foundation
Community Centers	Local faith-based organizations
Community Colleges	Public Council
CSU Long Beach, Dept. of Social Work	Salvation Army
CSU Northridge, Dept. of Social Work	Share!
Department of Aging	

CONTACT INFO

Warmline:

562.421.7991/310.839.2548/818.264.0880

Cost-free Group Locations:

GAP provides weekly support groups throughout Southern California. For information about the group nearest you, contact **818.264.0880**

GAP Executive Office

22048 Sherman Way, Suite 217, Canoga Park, CA 91303
818.264.0880

Edelman Caregiver Center

201 Centre Plaza Drive, Monterey Park, CA 91754

Tyrone Cain Sr. Court Navigator 626.277.3016

Beach Cities Contact

PO Box 964, Lakewood, CA 90714
562.421.7991



Providing programs and services to meet the urgent and ongoing needs of grandparents and other relative caregivers raising children at-risk.



**GAP's COMMUNITY-BASED
"SAFETY-NET" PROGRAMS
PROVIDE A WIDE VARIETY OF SERVICES**

COST-FREE WEEKLY SUPPORT GROUPS:

Run by qualified professionals in multiple areas of LA County. Both day and evening groups available. Some Spanish-speaking locations available.

NAVIGATION SERVICES:

Provide help to caregivers as they maneuver in the juvenile court systems. GAP's Caregiver Center is located at Edmund D. Edelman Children's Court in Monterey Park.

***EMERGENCY SAFETY NET
REFERRALS/EDUCATION:***

Parenting classes required by the courts, workshops on useful topics such as raising "at-risk" children, educational conferences for caregivers and professionals.

WARMLINE AND HELPFUL INFORMATION:

Widely published phone number and online quarterly newsletter, where caregivers in crisis can talk to a real person or read helpful information.

INDIVIDUAL/FAMILY CRISIS COUNSELING:

Short-term programs with finite treatment schedules.

ADVOCACY/INTERVENTIONS:

DCFS, DPSS, schools, doctors, and courts, as necessary.

PEER & CAREGIVER FAMILY SOCIALS:

Ongoing opportunities to overcome the isolation felt by many caregiver families.

GOVERNMENT AWARENESS/ADVOCACY

Provide frontline statistics and awareness-raising information to policy-makers and the media. Helping caregivers become aware of pending legislation that pertains to them.



*"Granny, daddy got mad again and a neighbor called the police.
Can we stay at your house for a few days?"*

"Someone reported these kids abandoned. If you don't take them, they'll have to go to a foster home."

"Her stepfather has been sexually abusing her. Can you take them or do you want me to call DCFS?"

The knock on the door tells grandma that the kids are being "dropped off" again. With severe arthritis and a small fixed income, she wonders how she'll manage to continue feeding and caring for them. She's not alone.

- ♥ U.S. Census Bureau statistics show a continued increase in the number of California children being raised by grandparents in the last 10 years, with a 30% increase nationwide. There were more than 650,000 cases in California alone, with the unreported cases deemed to be much higher.
- ♥ One child out of every ten is being raised by a relative caregiver at some point in his/her life, with 20% of those children living below the poverty line. Their caregivers are 60% more likely to live in poverty than their counterparts who are not raising children.
- ♥ Seven out of ten placements are informal and, therefore the family may not receive any government benefits.

There are so many more that need our help:

- A widowed grandmother in her late 60's on a fixed income adopts six grandchildren, ages 4-12, so that they will not be split up and placed in various foster homes.
- A newly married aunt takes in three teenage nieces and nephews when the parents are arrested for selling drugs.
- A single grandmother retires as a nursing administrator (2 years short of her goal of 35 years) in order to take in her five special-needs grandchildren.
- A retired grandfather must return to work to provide for his three newly-acquired grandchildren.

GAP IS FUNDED BY PRIVATE DONATIONS WITH MINIMAL GOVERNMENT ASSISTANCE. PLEASE CALL 818-264-0880 OR VISIT OUR WEBSITE AT www.GrandparentsAsParents.org TO HELP.



Una alternativa exitosa de los programas del condado y del estado

"Los programas para los cuidadores ahorran al gobierno billones de dólares anualmente y GAP se ha convertido en el modelo de programas para familias en todo el país. Las estadísticas demuestran que los niños que son criados por cuidadores familiares o por parientes, van a prisión con menos frecuencia. El riesgo de embarazos en los adolescentes son menos, los estudiantes se gradúan de la secundaria y universidad con mayor frecuencia, y pasan a convertirse en profesionales exitosos en la comunidad con más alto volumen que con los sistemas de cuidado que ofrece el gobierno."

GAP ofrece servicios a todos los sectores de la comunidad: A personas mayores, niños y adolescentes en alto riesgo, a personas discapacitadas, comunidades étnicas y familias con desventajas que tienden a fracasar. El promedio de edad de un cuidador familiar es de 56 años y que asume la responsabilidad con más de un niño.

RECURSOS

LIBRO

Nuestra fundadora fue autora del libro, "Grandparents As Parents: A Survival Guide for Raising a Second Family" Este libro se ha convertido en un recurso fundamental para los cuidadores y profesionales.

Para solicitar una copia, comuníquese con la oficina de GAP.

DONACIONES

GAP existe solamente en donaciones de caridad y donaciones de fundaciones.

Si usted desea contribuir con dinero, con su tiempo, servicios o algún otro tipo de donación, por favor comuníquese al 818.264.0880 o visite nuestra página web www.GrandParentsAsParents.org

OTRAS ORGANIZACIONES DE AYUDA SIMILAR

Alliance for Children's Rights
Area Agency on Aging
Bet Tzedek Legal Services
Boys and Girls Clubs
Casey Family Programs
Child Welfare Initiative
Children's Law Center
Community Centers
Community Colleges
CSU Long Beach, Dept. of Social Work
CSU Northridge, Dept. of Social Work
Department of Aging

Dept. of Children & Family Services
Dept. of Mental Health
Dept. of Probation
Friends Outside
Kaiser Permanente
LA Caregiver Resource Center
Legal Aid Foundation
Local faith-based organizations
Public Council
Salvation Army
Share!

INFORMACIÓN DE CONTACTO

562.421.7991/310.839.2548/818.264.0880

Grupos de Apoyo GRATIS

GAP ofrece grupos de apoyo semanales en el sur de California. Para obtener información sobre el grupo más cercano. Comuníquese al **818.264.0880**

Oficina Ejecutiva GAP

22048 Sherman Way, Suite 217, Canoga Park, CA 91303
818.264.0880

Centro de Recursos Para Cuidadores

Edelman Tribunal De Niños
201 Centre Plaza Drive, Monterey Park, CA 91754
Tyrone Cain Sr. Court Navigator 626.277.3016

Contactos en la ciudad de Long Beach

PO Box 964, Lakewood, CA 90714
562.421.7991



Brindamos programas y servicios para satisfacer las necesidades más urgentes y frecuentes de los abuelos o parientes que críen niños en situación de alto riesgo.



El Servicio de GAP está basado en diferentes PROGRAMAS que ofrecen una GRAN VARIEDAD DE SERVICIOS PARA LAS FAMILIAS.

GRUPOS DE APOYO SEMANALES: (GRATIS)

Dirigidos por profesionales calificados en diferentes áreas del Condado de Los Ángeles. Contamos con grupos de apoyo que están disponibles durante el día y la noche. También contamos con grupos disponibles en Español.

GUIA DE SERVICIOS:

GAP tiene una oficina en la Corte de los Niños de Edmund D. Edelman, llamada Centro de Recursos Para Cuidadores, en la ciudad de Monterey Park, en donde proporcionamos ayuda a los cuidadores de cómo desenvolverse en el sistema judicial de los menores.

GUIA DE SEGURIDAD DE EMERGENCIA Y RECOMENDACIONES EN LA EDUCACION:

Brindamos la información necesaria para que las familias obtengan los recursos de ayuda. Los grupos ofrecen clases de parentesco y otros temas educativos. GAP además ofrece una conferencia anual de cómo lidiar con niños en alto riesgo.

INFORMACION Y CENTRO DE CONSULTAS:

Se ofrecen números telefónicos, así como también un boletín trimestral donde puedan obtener información que sea de ayuda.

SERVICIOS DE CONSEJERIA FAMILIAR Y/O PERSONAL:

Ofrecemos consejería familiar y/o personal a los cuidadores en momentos de crisis.

INTERVENCION Y DEFENSA:

Ayudamos con los servicios DCFS (Departamento de Niños y Familias), DPSS (Departamento Público de Servicios Sociales), escuelas, doctores y en la corte cuando sea necesario.

ACTIVIDADES FAMILIARES:

Se brinda ayuda a los cuidadores que están pasando por momentos de soledad.

ABOGAMOS POR USTED:

Brindamos ayuda para entender el procedimiento en el Departamento de Niños y Familias, Departamento Público, en la corte, escuelas y el sistema de salud (Healthcare).



*"Abuelita, mi papi se enojó otra vez y un vecino llamó a la policía.
¿Podemos quedarnos en tu casa por unos días?
Alguien reporto estos niños abandonados. Si tu no los cuidas, los vamos a tener que llevar a una casa
adoptiva".
"Su padrastro ha estado abusando de ella sexualmente. ¿Podrías cuidarlos o quieres que llame al
Departamento de Niños y Familias?"*

Alguien toca la puerta y la abuela sabe que los nietos están siendo "dejados" de nuevo. Con artritis severa y recursos económicos de bajo nivel, se pregunta cómo se las arreglará para seguir alimentando y cuidando de ellos. Pero ella no está sola.



Los últimos 10 años la Oficina del Censo muestra un continuo incremento de un 30% de más casos de niños de California, viviendo con sus abuelos y parientes.



Un niño de cada diez es criado por un pariente o algún familiar en algún momento de sus vidas, con un 20% de los niños que viven por debajo de la línea de pobreza. Sus cuidadores son 60% más propensos a vivir en la pobreza que otros abuelos o parientes que no están criando a sus nietos.



Siete de cada diez casos son informales, por lo tanto, la familia no recibe la información correspondiente sobre los beneficios que puedan calificar.

Hay muchos más que necesitan de nuestra ayuda:

- Una abuela viuda a finales de sus 60 años y con un ingreso fijo adopta seis nietos, de edades entre los 4 y 12 años, para evitar que los nietos sean separados y que vayan a hogares adoptivos.
- Una tía recién casada acoge a tres sobrinos/as adolescentes en su hogar, porque los padres fueron arrestados por venta de drogas.
- Una abuela soltera se jubila de administradora de enfermería (2 años antes de llegar a su meta de 35 años) con el fin de cuidar de sus cinco nietos con necesidades especiales.
- Un abuelo jubilado tiene que volver a trabajar para poder cuidar a sus tres nietos.

GAP está financiado por donaciones privadas con ayuda mínima del gobierno. POR FAVOR COMUNIQUESE AL TELEFONO 818 264 0880 O SI LE GUSTARIA AYUDAR VISITE NUESTRA PAGINA WEB www.GrandparentsAsParents.org



FAMILIES HELPING FAMILIES: SOUTH LA KINSHIP NAVIGATOR PROGRAM

Abstract – Project: The South Los Angeles Kinship Navigator Program (South LA KN Program) is a public/private partnership to help South LA kinship caregiver families identify and access appropriate and meaningful services to strengthen protective factors and promote well-being, support healthy positive functioning, and achieve permanency and system improvements. Community Coalition, in collaboration with Advancement Project (AP), Alliance for Children’s Rights (ACR), the Los Angeles County Department of Children and Families (DCFS), and the Los Angeles County Department of Public Social Services (DPSS), provides outreach and connections to formal and informal kinship caregivers. The three goals of the South LA KN Program are: 1) Increase knowledge of and access to available kinship caregiver family benefits, programs, and support services; 2) Increase use of available public benefits, programs, and support services by eligible kinship caregivers and; 3) Expand referrals to and promote use of other supportive services to meet the unique social, emotional, and educational needs of kinship caregiver families.

Abstract – Evaluation: Dr. Cheryl Grills, a professor at Loyola Marymount University and the founder and director of Imoyase Community Support Services, leads the local evaluation. The evaluation team is using a pre-test post-test randomized waitlist control group design. The intervention group receives the South LA KN services immediately, while the control group receives the services six months later. The evaluation uses mixed methods to further examine evaluation questions. Although the evaluation uses primarily quantitative methods, the evaluation team uses qualitative methods and accesses archival data where feasible in order to confirm and cross-validate findings. Qualitative and quantitative methods are used at different phases of the project to offer rich, contextualized, and nuanced information to understand findings. Qualitative methods include focus groups, key informant interviews, review of archival data and records, and direct observation. Quantitative methods include psychometric baseline and post-test measurements.

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Los Angeles, CA 90044-3535
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Geographic Service Area:

Los Angeles Service Planning Area (SPA) #6 in South LA. SPA 6 has a population of 1,041,685, of which 35% are children aged 0 to 17. Latinos make up 63.6% of residents, and African Americans make up 32.4% of residents.

Target Population: Formal and informal kinship families, which include caregivers and children. In FY 2012 through FY 2015:

- Two hundred and forty-five families (n =73 youth; n =172 adults) were formally served by the program—i.e., participated in the comprehensive Intake and Assessment, Case Plan Meeting, and Navigation Services. Many of these families also participated in other program activities such as Educational Workshops, Support Groups, Recreational Activities, and Service Referrals.



- Hundreds of families were also served informally by the program—i.e., received “business as usual” services or outreach through walk-ins, telephone calls, or were part of the wait-list control group at the time.
- Outreach was conducted to approximately 10,440 families, community members, and partner agencies via personal contacts in public settings, at Community Coalition events or external community events, and through presentations with partner or other social service agencies.
- A total of 3,142 program activities were held with both kinship families formally enrolled and non-enrolled in the program.
- Eleven kinship navigators were recruited with an average of 10 relative care givers on their case load per year. Five contacts were made on average with each enrolled family throughout their service period. Navigators participated in a 1-2 week training and showed increases in knowledge, awareness, skills and resources after trainings related to 1) serving as a Kinship Navigator; 2) special education services; 3) community organizing strategies; and 4) the use of technology. Further, participant satisfaction was good as evidenced by qualitative data from the families served related to: 1) case plan referrals; 2) connection to additional resources; 3) general support and understanding; 4) overall experience with their Navigator; and 5) sense of community experienced at the Community Coalition.

Kinship Navigator Service Model

Model: The project brings together public and private resources for kin caregivers to increase access to available benefits, programs, and services and to improve coordination between child serving systems. It is heavily based on the key principles and features of the Kinship Care Wellness Program. These include accessible and kinship-centered support services provided via group therapy, education, resource navigation, stress reduction, and respite activities. The project developed additional practices, programs, and services based on input from local caregivers.

Key Services: The project involves a face-to-face kinship navigator program with an intensive needs assessment and follow-up process. It utilizes veteran relative caregivers who have been through the dependency and probate legal guardianship process, have relied on state financial assistance, and have navigated a spectrum of services.

Over a period of three years, Community Coalition and its partners used nine strategies to implement the South LA KN Program. These include 1) outreach 2) intake and eligibility assessments, 3) service referral plans, 4) developing kinship caregivers as Resource Navigators, 5) developing kinship caregivers as leaders and advocates for child welfare practice and systems change, 6) creating a Kinship Advisory Council, 7) community engagement, 8) using communications and technology to centralize referral information and services, and 9) producing and disseminating resources that present the proposed project’s impact.

Evaluation. The evaluation measured outcomes through a pre-test post-test randomized waitlist group design. The intervention group received the South LA KN services immediately, while the control group receives the services six months later. Outcomes on adult caregivers were measured through the following 7 measurements tools: Services/Resources Assessment, Protective Factors Survey, Family Support Scale, Multi-group Ethnic Identity Measure, Medical Outcomes Inventory, Multidimensional Well Being Assessment, and the Family Needs Scale. Data on children was gathered through the Strengths and Difficulties Questionnaire (caregiver report on lead child) and the Child and Adolescent Social and Adaptive Functioning Scale (self report).

Evaluation Findings for Matched Sample only (N =79 caregivers): As this is a hard-to-reach population, attrition (63%) from baseline to post-treatment measurement (9 to 12 months after baseline measurement) was high for both groups. Due to the high attrition rate, the final “matched” sample size was 79, with 83% comprising the treatment only group and 17% from the wait-list control group. Participant demographics and individual outcomes are reported for the matched sample of 79 caregivers only. The small matched sample for children (n =17) precluded completion of any meaningful statistical analyses on the Child and Adolescent Social and Adaptive Functioning Scale.

Access to Services/Resources. Relative caregivers did not show significant increases in ‘knowledge of how to access’ or ‘access’ to services/resources over time. Caregivers reported accessing three main types of services and resources at baseline and follow up (9-12 months): 1) Financial, 2) Basic, and 3) Specialized. In general there was a decrease in the amount of services and resources used from baseline to follow-up, among the matched participants. This decrease may reflect a change in needs, which is consistent with reviews of the scale on which this measure is based (Family Needs Scale; Dunst et al., 1987). In other words, this decrease in service utilization should not be interpreted as a negative factor in program outcomes. Families that were formally enrolled in the program were most likely to receive referrals to health related and basic living needs, potentially helping them to meet these needs, and precluding subsequent need (at follow-up) to access resources in these areas.

- *Quality of Services/Resources.* The reported quality of formal support services and resources accessed by relative caregivers increased after participation in the program.
- *Family Protective Factors.* Caregivers’ individual family protective factors were strengthened in multiple areas after participation in the program.
- *Relationship of Family Protective Factors to Wellbeing and Functioning.* Increases in family protective factors correlated with significant increases in caregiver wellbeing, caregiver health, child health, and child pro-social behavior.
- *Social Support.* Caregivers strengthened their social support after participation in the program.
- *Health.* Caregivers reported good health before and after their participation in the program. It is important to note that caregivers did report an increase in dental exams after their participation in the program.
- *Individual Wellbeing.* Caregivers strengthened their individual wellbeing after participation in the program.
- *Health of Children.* As reported by the caregivers, child participants’ health was rated as good before and after their participation in the program. It is important to note that caregivers did report an increase in dental and vision exams for children after their participation in the program.
- *Individual Wellbeing for Children.* As reported by the caregivers, child participants had an increase in prosocial behaviors (empathy, sharing, helpful, kindness, volunteerism), specifically among 4 to 10 year olds after participation in the program.
- *Family Needs.* Caregivers’ need for different kinds of resources decreased in three main areas after participation in the program: basic resources, financial and medical resources, and specialized care.

Sample Findings At-A-Glance

Knowledge, Access, Use

- No significant changes in *Knowledge* or *Access* of services and resources
- Financial, basic, and specialized services/resources were accessed at both time periods, with a slight decrease at follow-up
- Significant increase in the *Quality* of services & resources accessed at follow-up (basic, financial, specialized, and growth)

Protective Factors

- Significant increase in *Individual Family Protective Factors* for the caregiver at follow-up (i.e., family functioning & resiliency, social support, concrete support, nurturing & attachment, and knowledge of parenting)
- Significant increase in *Social Support* for caregivers (i.e., programs, institutions, and professional services/agencies) at follow-up

Wellbeing & Functioning

- In general, *Health* was good for caregivers and the lead child at pre-test and follow-up
- Significant improvement in *Individual Wellness* for caregivers (i.e., relational wellness, cultural identity, local community connectedness, & spiritual/religious wellness) at follow-up
- Significant improvement in *Functioning* for caregivers (i.e., decreased family needs for basic resources, financial/medical resources, and specialized care) at follow up, while significant improvements in pro-social behaviors for 4 to 11 years olds.